1. Medical Standards Chair opened the meeting with an appeal for not throwing things, kicking, biting or scratching, an excellent segue into discussion on the NYC Unified Protocols. Last September, NYC proposed their own "Unified" protocol, consolidating the State BLS and City ALS protocols into a single document. At this meeting, they sought approval of their finalized document. Discussion got repeatedly wrapped around the axle on CFR epi for anaphylaxis, reduction of patella dislocation as a medical control only option, removal of continuous CPR option for patients who are not intubated, and other items. Picayune details aside, the overarching question of why NYC cannot use the already approved and enacted Statewide BLS protocols dominated much of the discussion. Probably sensing the futility of continued debate, the Unified NYC Protocols were approved. Still full of adrenalin from the NYC discussion, members flagged proposed Mercy Flight Standards of Care, inquiring if paramedics would be inserting arterial lines, performing pericardiocentesis, doing finger thoracostomies or inserting chest tubes. Mercy Flight clarified that these were physician skills; the protocols were approved with a notation to this effect. Both protocols were subsequently approved by SEMAC and SEMSCO following similar, but not as protracted, banter. Dr. Joe Bart was tasked with leading an air medical/critical care scope of practice TAG.
2. The NYS Protocol Development Process was discussed and an annual revision process approved. It will work something like this:
    a. Year-round, proposals can be submitted by any person, region or agency through a REDCap portal (generously offered for use by the University of Rochester) at http://j.mp/2Qh9atV. Yep, that site is live now if you have brilliant ideas.
    b. Year-round (at minimum quarterly), a Protocol Working Group (very similar to the Collaborative Protocol Group) would meet to review suggestions. Changes and revisions agreed on by consensus would be sent to Med Standards for consideration.
    c. Early Spring – the Protocol Working Group would develop a set of recommended changes and send to Med Standards, Program Agencies and REMACs.
    d. Late Spring – Program Agencies and REMACs provide feedback to the Protocol Working Group. Med Standards reviews recommendations.
    e. Summer – final draft protocol changes sent to Program Agencies, REMACs.
    f. Fall – comments incorporated into final draft by Protocol Working Group with Med Standards. SEMAC votes on proposed changes. If approved by SEMAC and SEMSCO, sent to Commissioner for final approval.
    g. January – new protocols issued.

    The only exception to this process would be emergency changes; these could be approved and implemented at any time.
3. NYC reported on their leave behind naloxone program. The numbers of naloxone kits left behind with patients and families are somewhat lower than expected, as is the experience with many of other leave behind programs across NYS.
4. Dr. Jack Davidoff (Finger Lakes REMSCO/REMAC) described litigation resulting from their REMAC restricting practice of a provider under Bureau Policy 14-01 (see www.health.ny.gov/professionals/ems/policy/policy.htm). Apparently, agency medical

directors can credential and restrict providers but REMACs may not (or do not) hold similar authority. Legal eagles from DOH will weigh in at the March State Council meetings but this clearly causes concern about the validity of Policy Statement 14-01. A lengthy discussion ensued, finally closing when Dr. Joe Bart, infamous for his declaration that standing takedowns should be prosecuted as misdemeanors, declared the discussion tantamount to, "washing to floor with toilet water."

5. Computer Based Testing (CBT) rolled out a bit faster than expected following cancelation of the December Paramedic Written Exam after a risk assessment. Students scheduled for the Paramedic written in December and January will be able to take a CBT test after January 20th or the National Registry test prior to January 20th. Medic recert students scheduled to test in December or January were given a 60-day extension on their certifications and can take a CBT test after January 20th. The vendor, PSI, has 29 testing sites around the State (www.psionline.com) at which students can schedule exams at their convenience. The student cost will be $28 (waived for Medics testing in January) and, if the exam is successfully completed, a temporary certification card will be issued on site, allowing the provider to practice. From this point forward, all Paramedic exams will be CBT. Other levels, including CLI/CIC, AEMT, EMT and CFR will remain both written and CBT, at the option of the student. Onsite scoring will come to an end as CBT rolls out across all levels.
6. A shift in course paperwork is necessitated by CBT. To provide emails for students to be notified of eligibility to take the CBT, the Course Memorandum submitted to DOH by course sponsors will be changed to an Excel file. Additionally, end of course paperwork will need to be submitted 2 weeks prior to the written exam date so that students can be notified of their eligibility to take the CBT. This means Practical Skills Exams will need to happen at least 2 weeks prior to this paperwork deadline. Philosophically, what has traditionally been the written exam date will be replaced by an "end of course" date. Stay tuned…
7. Forms for the new CME recert program have been uploaded to the Bureau website at www.health.ny.gov/professionals/ems/certification/cmerecert.htm. Between January and the end of June, providers can use the old or the new CME recert forms/requirements. After June, only the new forms will be accepted. Theoretically, it will be necessary to submit forms electronically at some point. No word yet on how to do that so don't toss out your certified mail stickers quite yet.
8. Inquiring minds raised some concerns on the new CME program requirement for use of ePCRs by January 2022 and BLS FR minimum equipment. The Bureau intends to create a free portal (likely through ImageTrend, the State's ePCR data consolidator) that would allow smaller departments to electronically enter PCRs. If this cannot be established prior to 2022, the deadline will be pushed back. There is also discussion on whether First Response agencies need to complete a full PCR. Perhaps an abbreviated version would be more appropriate. Whodda thunk it? With regards to required equipment, BLS FR agencies participating in the CME program now have minimum equipment requirements. These are expected to be adjusted somewhat in the near future, maybe to eliminate some of the senseless stuff?

9. A Regional Faculty Workgroup, spun off from Training and Education, developed a job description for Regional Faculty. Training and Ed approved their draft and passed it on to the Bureau for their use in a redesign of the RF program.
10. A proposal to drop the BLS practical skills tests from advanced level (AEMT and Paramedic) practical skills exams was tabled indefinitely by Training & Education. More study is needed regarding CoAEMSP accredited programs and their testing requirements. There is also movement afoot on a national level to reevaluate all levels of practical skills testing.
11. Northwell Health continues to see good results in their on-line CC to Paramedic Bridge course. Enrollment for the 4th class will open on Valentine's Day. Info is available at www.learnemt.org/cc_to_Medic_bridge.php. Participants generally find the program a bit more challenging than they thought it would be but attrition is low and successful completion rates remain high.
12. Vital Signs is coming to Saratoga this year! October 29 – November 1st and yup, that means the networking event will be on Halloween. Saratoga has the perfect venue for it. There will also be Trauma Con preconference. Watch www.vitalsignsconference.com. A call for presenters will open in February.
13. The EMS Memorial service will be held May 19th starting at 11am. Three names will be added to the Wall this year. See www.health.ny.gov/professionals/ems/emsmemorial.htm.
14. The psychic hotline reports a revised course funding policy statement (#20-01) will post shortly to the Bureau website (www.health.ny.gov/professionals/ems/policy/policy.htm). It reflects no real changes in reimbursement, but updates eligibility for CME reimbursement for CFRs and others previously not eligible to renew by CME. There was discussion at T&E on why FDNY is funded at a 50% reduction for EMS training. Vague recollections suggest this occurred during the merger of EMS with FDNY and had to do with Medicaid funding for FDNY ambulances. It will be investigated.
15. The Bureau will be releasing a revision to their Mutual Aid Policy Statement (12-06). It will be distributed to County EMS Coordinators for comment prior to release. Policy Statement 06-04 on BLSFRs is also under revision.
16. Systems heard an appeal from the Town of Webster on a decision of the Monroe-Livingston REMSCO to deny them permanent ambulance operating authority (2 years after filing a Municipal CON). Systems and SEMSCO voted to reverse the REMSCO decision. The devil is in the details but there is a statutory requirement for, "strong presumption in favor of approving" any Muni CON. To date, no Muni CON has ever been denied despite multiple appeals, some even ending in the courts.
17. The transition from NEMSIS 2.2.1 to 3.4.0 is complete, enduring significant pain and challenges. Of note, the Bureau wants to hear from your agency if you are having NEMSIS issues. They have a reporting portal established to provide feedback at: https://apps.health.ny.gov/pubpal/builder/survey/epcr-schematron-implementation-i.
18. A presentation on EMS Suicide was made by a DOH rep, a medical director, a counselor from the Air National Guard with a representative from the Code Green Campaign (https://codegreencampaign.org/). SEMSCO decided to establish a TAG to work on provider suicide and substance abuse.

19. SEMSCO officers for 2020 were elected. Mark Phillippy was voted in as Chair; Steve Cady as First Vice Chair and Mike McEvoy (me) as Second Vice Chair. Jason Haag also ran for the 2nd VC seat.
20. Between January 2020 and December 2024, all ambulance services in the US will be required to participate in a Centers for Medicare and Medicaid (CMS) Cost Reporting project. One quarter of all services will be selected each year and over 100 NY services have already been picked for 2020. Surf to www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Ground-Ambulance-Services-Data-Collection-System. Keep an eye out for training sessions run by Associations and special interest groups. Failure to report can lead to a 10% reduction in Medicare reimbursements.
21. You may recall a list of proposed Part 800 reg changes listed out in the September 2019 SEMSCO notes. These have yet to be posted for public comment however, the cancelation of the December Paramedic Exam and subsequent switch to CBT pretty much necessitates several of these be issued as Emergency Regulatory changes. To that end, the following 4 changes were approved by SEMSCO and will become effective upon approval by the Health Commissioner:

**800.3 Definitions**

Modifies subsection (w) to read:

(w) Continuous practice means a certified individual who has demonstrated the knowledge and skills to provide care at a specified level.

Removes subsection (w)(1)

Removes subsection (w) (2)

Emergency Justification: Changes the definition of continuous practice to allow for providers who are already certified but not part of an agency and were affected by the test cancelation to become recertified using the CME recertification program.

**800.9 Continuing medical education recertification.**

Removes subsection (b)(2)

Modifies subsection (b) (4) to read:

(4) file with the department a completed department-approved application form bearing the applicant's signature, or an electronic application approved by the department.

(5) submit the completed application for recertification postmarked at least 45 days, but not more than nine months, prior to their current certification expiration date;

Emergency Justification: Allows for providers who are already certified but not part of an agency and were affected by the test cancelation to become recertified using the CME recertification program.

**800.10 Reexaminations — applicants for recertification**

Modifies the Section title to:

800.10 Certification Examination

Removes section (a)

Removes section (b)

Adds a new section (a – d) to read:

(a) The department may develop its own state certification examinations.
(b) In addition to any state certification examination developed by the department, the department may approve, in whole or in part, examinations developed or administered by other organizations, that meet or exceeds the New York State standard, as authorized certification examinations.
(c) Candidates who have failed a psychomotor examination must complete remedial training approved by the department prior to being admitted to another practical skills examination at the same level of certification. Candidates who fail to pass the psychomotor examination after a total of two full attempts are required to complete a full EMS education program for the level of certification sought. Such candidates may be admitted once to a practical skills examination at a lower level of certification within one year after the last attempt at the level of certification originally sought.
(d) Candidates who have failed a cognitive examination after three attempts must complete a remedial training approved by the department for the level of certification sought prior to being admitted to another written certification exam at the same level of certification. Upon completion of the remedial training, the candidate is permitted three additional attempts to pass the cognitive exam at the same level of certification. Candidates who fail to pass the cognitive examination after a total of six attempts shall be required to take a full EMS education training program for the level of certification sought. Such candidates may be admitted once to a written certification examination at a lower level of certification within one year after the last attempt at the level of certification initially sought.

Emergency Justification: Allows for the New York State certification examination and the national registry examination to be used for certification. Additionally, aligns the state and national testing processes for examination continuity.

**800.12 Reciprocal certification requirements.**
Removes section (b)(3)(i)
Removes section (b)(3)(ii)
Modifies (b)(3) to read:
(3) If a member or veteran of the United States Military, have successfully completed an approved medical training program from the Army, Navy, Air Force, Marines or Coast Guard that meets or exceeds current national emergency medical services education guidelines within three years of the date the application is received by the department.

Emergency Justification: Allows for New York State certification of providers who are nationally certified without requiring the candidate to complete a written or practical skills examination.

22. The Collaborative Protocol group met during SEMAC/SEMSCO and discussed the BLS Rollout. There were several items that were not effectively communicated in the rollout materials provided on the VitalSignsAcademy.com long version training video:
    a. Cardiac Arrest – an overemphasis on mechanical CPR during transport of cardiac arrest patients may have caused viewers to miss the primary focus of the protocol which is to provide high-quality, ***uninterrupted*** CPR. Limiting movement of the

patient, working arrests on scene rather than transporting and terminating on scene are more important considerations than mechanical CPR during transport.

b. Nitroglycerine – viewers were told that considering use of erectile dysfunction (ED) meds prior to administering nitroglycerine is no longer necessary, hence it was removed from the protocol. This is not the case. This deletion was made because our protocols should not be listing contraindications to medications. That is a component of EMT training, not a protocol. It is certainly important to consider use of ED meds when administering nitroglycerine. An important consideration for any patient who develops hypotension following administration of nitroglycerine (or for any other reason) is to ***lie the patient flat***.
c. Stroke – there was an overemphasis on a 3.5-hour window for treatment. In reality, this is a guideline subject to Regional variation. The protocol emphasizes differences between symptom onset and last know well (LKW) time.
d. Patella Reduction – Viewers are encouraged to treat pain with analgesics prior to reduction. The true spirit of the protocol is that reduction of a patella dislocation IS the best treatment for the associated pain. Procedural sedation may be inappropriate and could lead to adverse consequences following reduction.
e. ALTE/BRUE – it should be emphasized that this protocol is for patients < 2 years old. It should be highlighted that ALTE/BRUE has its own protocol because of the extremely high risk nature of these patients.
f. Handcuffs, capacity assessment, RMA also had some minor variations in the presentation versus protocol intent.
g. The EMS Nation materials provide an excellent review: www.youtube.com/channel/UC3uk6KQH_AI25a_5RzncSMA.

23. Lastly, SEMSCO released the results of a survey of New York's EMS workforce. The "EMS Workforce Shortage in NYS: Where are the Emergency Medical Responders" is a compelling (and frightening) summary the current EMS workforce shortage. A copy is posted at: https://saratogaems.org/wp-content/uploads/2020/01/EMS-Workforce-report-2019_December-30_final.pdf.
24. SEMSCO will meet again in 2020 on March 10-11, June 9-10, October 6-7 and in 2021 on January 12-13. Yep, the number of meetings has been bumped back up to 4 per year and DOH is hoping to release additional dates for 2021 sooner rather than at the last minute as has been practice in the past (hey, maybe more people will come). Meetings are being moved to the Hilton Albany, 40 Lodge St, 12207. Bring your bathing suit – they have a nice indoor pool.

These notes respectfully prepared by Mike McEvoy who serves on SEMSCO representing the NYS Association of Fire Chiefs. Contact Mike McEvoy at mmcevoy@saratogacountyny.gov or visit www.mikemcevoy.com. If you want a personal copy of these "unofficial" SEMSCO minutes delivered directly to your email account, go to http://eepurl.com/iaXHY to put yourself on the list (or adjust your delivery settings). Also, past copies of NYS EMS News are parked at the bottom of the EMS News page at www.saratogaems.org. Feel free to download any notes you missed. Tell your friends. The more, the merrier.